

ROAD OCCUPANCY APPLICATION/PERMIT

LOWER PAXTON TOWNSHIP

425 Prince Street
Harrisburg, PA 17109
717-657-5600

Name of Street or Right-of-Way to be opened: _____

Permit # _____
Bond Exp. Date _____
Date of Application _____
Total Fees \$ _____
Starting Date _____

Applicant's Name: _____ Phone #: _____

Applicant's Address: _____

BONDED PARTY/CONTRACTOR'S NAME: _____

Address: _____ Phone #: _____

Description and Purpose of Work: **"ALL RESTORATION BY BONDED PARTY"**

_____ Size of Opening: _____

The work authorized by this permit is subject to all the conditions, restrictions and regulations as prescribed by the Township in its ordinances and on this permit.

Schedule Item No.			
Unit Fee			
Number of Units			
TOTAL FEES			

The undersigned understands that his statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Signature of Applicant

GENERAL INSTRUCTIONS

All Applications will be accompanied with 3 copies of a sketch plan showing the locations and details of the proposed work.

All work done will be completed by a bonded party/contractor (Bond to be for \$10,000 good for a 2 year period) within 30 days of the starting date.

PRIOR TO BACKFILLING OR COMPLETION OF THE OPENING, A FOUR HOUR NOTICE MUST BE GIVEN TO THE CODES ENFORCEMENT OFFICE TO COMPLETE THE FOLLOWING INSPECTIONS: (657-5600)

Backfill Inspection _____ Final Inspection _____

NO STREET WILL REMAIN CLOSED FOR MORE THAN A PERIOD OF 8 HOURS, AND WHENEVER POSSIBLE ONLY HALF OF THE STREET WILL BE CLOSED OFF AT ANY GIVEN TIME: (Should you close a street, you must call both 657-5656 and 236-7976 to notify them of the street closed, date, and time of closure.)

All work under this permit shall be completed by: _____

Approved by: _____ Date: _____